

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2343SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/30/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND MANOR-MESQUITE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 PIONEER BLVD MESQUITE, NV 89027</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 03/30/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024815 was substantiated with deficiencies cited. (See Tags Z 401 and Z 473).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z401 SS=D	<p>NAC 449.74523 Social Services</p> <p>2. The social services provided must:</p> <p>(a) Identify and meet the social and emotional needs of each patient in the facility.</p> <p>(b) Assist each patient and the members of his family in adjusting to the effects of the patient;s illness or disability, to his treatment and to his stay in the facility.</p> <p>(c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are</p>	Z401			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z401	Continued From page 1  used. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a social services' assessment, evaluation, or interventions in order to meet the social and emotional needs of Resident #1.  Severity: 2 Scope: 1	Z401		
Z473 SS=G	NAC 449.74539 Physical Environment  4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents;  This Regulation is not met as evidenced by: Based on interview, observation and record review, the facility failed to supervise Resident #1 in accordance with the written care plan interventions to monitor him for agitation and elopement attempts to prevent elopements from the patio area of the facility.  Findings include:  Resident #1 was admitted to the secure unit of the facility on 12/30/08 with diagnoses that included senile dementia and anxiety disorder.  Review of the 1/21/10 care plan revealed monitoring for agitation and elopement attempts was to continue for Resident #1 by educating staff on elopement procedures, redirecting with signs of agitation, and providing activities of interest.  Record review revealed that on 3/14/10, Resident #1 climbed onto a chair in the patio area of the secured unit of the facility and climbed over the	Z473		

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Z473	<p>Continued From page 2</p> <p>fence. Resident #1 was discovered in the parking lot of a local casino at 3:49 PM. The casino security department contacted the local police department and an officer was dispatched to the casino at 3:55 PM. Upon arrival, the officer was met by casino security and two unidentified EMS personnel. Resident #1 was able to identify himself and it was determined that he was from the local care facility. Review of the police report revealed that the officer drove Resident #1 back to the facility at 4:42 PM.</p> <p>Review of the 3/14/10, facility progress notes revealed that, at 5:24 PM, a registered nurse documented a telephone call from the police department stating they had found Resident #1 and were returning him to the facility. A progress note dated 3/14/10 at 5:30 PM, by a licensed practical nurse documented the resident's return by two EMS personnel. Document review and interviews revealed that no one in the facility was aware that Resident #1 had left the facility until his return.</p> <p>On 3/20/10, Resident #1 again climbed onto a chair in the patio area and climbed over the fence. Interviews with a certified nursing assistant (CNA) and the unit supervisor, revealed the resident was not observed to climb over the fence, but was noted missing from the patio a few minutes later. He was seen walking away from the facility. Shortly thereafter he was assisted back to the facility. The CNA stated that the resident often becomes agitated after he is given a shower and often states that he wants to go back to Puerto Rico because he needs to get a job or that he needs to return to the Marine Corps. He did receive showers on both days prior to his elopement. In an interview the director of nurses stated that the facility staff</p>	Z473			

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Z473	Continued From page 3  have, in the past, observed that Resident #1 becomes increasingly agitated and wants to leave in the springtime; he talks about needing to return home and go to work.  Severity: 3 Scope: 1	Z473			

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